



Senate

General Assembly

File No. 428

February Session, 2004

Substitute Senate Bill No. 56

Senate, April 5, 2004

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MANDATORY OVERTIME IN HEALTH CARE FACILITIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2004*) (a) As used in this
2 section:

3 (1) "Employee" means an individual employed by a hospital who is
4 involved in direct patient care services and who receives an hourly
5 wage; and

6 (2) "Hospital" has the same meaning as set forth in subsection (b) of
7 section 19a-490 of the general statutes.

8 (b) No hospital may require an employee to work in excess of a
9 predetermined scheduled work shift, provided such scheduled work
10 shift is determined and promulgated not less than forty-eight hours
11 prior to the commencement of such scheduled work shift. Any
12 employee may volunteer or agree to work hours in addition to such

13 scheduled work shift but the refusal by an employee to accept such
14 additional hours shall not be grounds for discrimination, dismissal,
15 discharge or any other penalty or employment decision adverse to the
16 employee.

17 (c) The provisions of this section shall not apply: (1) To any
18 employee working in an outpatient facility who is treating a patient
19 beyond the normal working hours of such facility; (2) to any employee
20 participating in a surgical procedure until such procedure is
21 completed; (3) to any employee working in a critical care unit until
22 such employee is relieved by another employee who is commencing a
23 scheduled work shift; (4) in the case of a public health emergency; (5)
24 in the case of an institutional emergency, including, but not limited to,
25 adverse weather conditions, catastrophe or widespread illness, that in
26 the opinion of the hospital administrator will significantly reduce the
27 number of employees available for a scheduled work shift, provided
28 the hospital administrator has made a good faith effort to mitigate the
29 impact of such institutional emergency on the availability of
30 employees, unless a collective bargaining agreement provides
31 otherwise; or (6) to any employee who is covered by a collective
32 bargaining agreement that contains provisions addressing the issue of
33 mandatory overtime.

This act shall take effect as follows:	
Section 1	October 1, 2004

LAB *Joint Favorable Subst. C/R*

PH

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill will result in no additional cost to the state. The bill's provisions on overtime restrictions will not impact the state facilities identified due to current practice (and collective bargaining provisions). In addition, it is anticipated that any activity incurred by the Department of Labor due to the overtime provision and resulting complaints, will be minimal and not require additional resources.

OLR BILL ANALYSIS

sSB 56

AN ACT CONCERNING MANDATORY OVERTIME IN HEALTH CARE FACILITIES**SUMMARY:**

This bill bars a hospital from requiring its direct patient-care employees to work more hours than established in a predetermined scheduled work shift. The work shift must be set at least 48 hours before it starts. The bill provides some exceptions, such as for public health emergencies and union contracts that address mandatory overtime.

EFFECTIVE DATE: October 1, 2004

PROTECTIONS

Under the bill, any employee may volunteer or agree to work additional hours. But the refusal to accept additional hours may not be grounds for discrimination, dismissal, discharge, or any other penalty or employment decision adverse to the employee.

SCOPE OF THE BILL

The bill protects hospital employees involved in direct patient-care services who receive hourly wages. Hospitals include establishments for the lodging, care, and treatment of people suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

EXEMPTIONS

The bill does not apply to:

1. any employee working in an outpatient facility who is treating a patient beyond the facility's normal working hours;
2. any employee participating in a surgical procedure until the

procedure is completed;

3. any employee working in a critical care unit until he is relieved by another employee beginning a scheduled shift;
4. any employee working under a collective bargaining agreement that addresses mandatory overtime;
5. public health emergencies; and
6. institutional emergencies, including adverse weather conditions, catastrophe, or widespread illness that in the hospital administrator's opinion will significantly reduce the number of employees available for a scheduled work shift. In these emergencies, the administrator must make a good-faith effort to mitigate the emergency's effect on the availability of employees, unless a collective bargaining agreement provides otherwise.

BACKGROUND

Work Schedules for Hospital Employees

By law, hospital employees' work schedules can be based on working 80 hours over two weeks for the purpose of calculating overtime, if it is pursuant to an agreement or understanding, rather than the standard 40 hours per week (CGS § 31-76h). Under this scenario, an employee would not receive overtime pay for working more than 40 hours in a week (as long as each day was no longer than eight hours), if the employee did not work more than 80 hours in his two-week work schedule.

Related Bill

SB 469 (File 243) prohibits nurses and certain other hospital staff from working more than their scheduled hours except under certain conditions. On March 31, the Senate referred the bill to the Labor and Public Employees Committee.

COMMITTEE ACTION

Labor and Public Employees Committee

Joint Favorable Substitute Change of Reference

Yea 10 Nay 4

Public Health Committee

Joint Favorable Substitute

Yea 17 Nay 4